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UTILITY PATENT APPLICATION  
TRANSMITTAL UNDER 37 CFR 1.53(b)

ATTORNEY DOCKET 83170HEC  
Customer No. 01333

To: Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

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Date: December 4, 2001  
ART UNIT: 1774  
Sugg. Class: 428/195



INK JET PRINTING METHOD

First Named Inventor (or Application Identifier):

Gregory E. Missell, et al

Enclosed are:

- 1. ☒ Specification
- 2. ☐ Sheet(s) of drawing(s)
- 3. ☒ Information Disclosure Statement Under 37 CFR 1.97.
- 4. Combined Declaration for Patent Application and Power of Attorney:
  - 4a. ☒ New
  - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)
- 5. ☐ Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- 6. ☒ Assignment of the invention to Eastman Kodak Company
- 7. ☐ Certified copy of a priority document
- 8. ☐ Associate Power of Attorney
- 9. ☐ Deletion of inventor(s). Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:  
 --CROSS REFERENCE TO RELATED APPLICATION  
 Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

- 11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. :
- 12. ☒ Please address all written communications to Paul A. Leipold, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.  
Please Direct all telephone calls to Harold E. Cole at (716) 722-9225.

The filing fee has been calculated as shown below:

FOR:	NO. FILED		NO. EXTRA	RATE	FEE
BASIC FEE					\$ 740
TOTAL CLAIMS	20	- 20 =	0	x 18 =	\$ 0
INDEPENDENT CLAIMS	1	- 3 =	0	x 84 =	\$ 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED				+ 280	\$ 0
				<b>TOTAL</b>	<b>\$ 740</b>

- ☒ Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 740 .  
A duplicate copy of this sheet is enclosed
- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.  
A duplicate copy of this sheet is enclosed.

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